

STATEMENT OF INTERESTS

INSTRUCTIONS: This form must be used to report all interests required to be disclosed under the Conflict of Interest Disclosure Act (T.C.A. §8-50-501, <u>et seq.</u>) Disclosure statements must be filed annually by January 31 by officeholders, no later than thirty (30) days following the qualifying deadline for candidates and within thirty (30) days from the date of appointment for appointees. Amended disclosure must be filed whenever reported conditions change because of the termination or acquisition of interests for which disclosure is required.

Individuals holding or seeking state offices specified in T.C.A. §8-50-501 must file their disclosure statements with the Registry of Election Finance, 404 James Robertson Parkway, Suite 1614, Nashville, TN 37243-1360 (phone 615-741-7959). Individuals holding or seeking elected city or county office must file their reports with the county election commission.

Officeholders may complete items 1- 4 and skip to item 14 if there has been no change in condition since the previous report. The disclosure statement must be signed and the signature attested to by a witness in item 15. Attach additional pages as necessary. Please type or print all information in black lnk.

1. DATE OF DISCLOSURE	2. NAME OF OFFICIAL OR CANDIDATE
4-12-04	LANICE B. Boydston
3. ADDRESS AND PHONE	Street or Rural Route City State Zip code Phone
532 RACCOM	TR. Chatt. TN. 37419 4231875-0530
4. TITLE OF OFFICE HELD OR	SOUGHT (Include district number , if applicable)
School Boo	
	at major sources of your private income of more than \$1,000 and that of your spouse or "Major sources of private income" includes, but is not limited to, offices, directorships and amounts need be stated.
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business organization in excess of	stment by you, your spouse or minor children residing with you in any corporation or other of ten thousand dollars (\$10,000) or five percent (5%) of the total capital. The name of the be listed but no dollar amounts or percentages of the investment need to be stated.
spouse or minor children residing	, firm or organization for whom compensated lobbying is done by any associate, your with you. Also, list any firm in which you, your spouse or minor children residing with you ensated lobbying is done. Explain the terms of any such employment and the measures
8 PROFESSIONAL SERVICES	List in general terms (by areas of the client's interests) the entities to which professional
services, such as those of an atto	orney, accountant or architect, are furnished by you or your spouse.

LEGISLATIVE EXPENSES (For membe contributions from private sources for use in your legislative duties.	rs of General Assembly only): List the amount a defraying the expenses necessarily related to the	nd source (by name) of any ne adequate performance of
promoting or opposing, influencing or attern	e you receive from any person, firm or organizati pting to influence directly or indirectly, the passa ly, the legislative committees or the members the	ge or defeat of any legisla-
11. BANKRUPTCY: List any adjudication of five (5) years of the date of this report.	of bankruptcy or discharge received in any Unite	d States district court within
made in the previous calendar year to you, closed on this report if they are: (1) From your immediate family (spouse,		Loans need not be dis-
business of making loans. The loan rassures repayment, evidenced by a way. (3) Secured by a recorded security interest made on a basis which assures repamortization schedule. (4) From a partnership in which you have	itution or made in accordance with existing law in nust bear the usual and customary rate of intere written instrument and subject to a due date or a st in collateral, bearing the usual and customary ayment, evidenced by a written instrument an at least ten percent (10%) partnership interest. In fifty percent (50%) of the outstanding voting shall, sibling, or child).	est, be made on a basis which mortization schedule. interest rate of the lender and d subject to a due date and
13. ADDITIONAL INFORMATION: List any	additional information you wish to disclose.	-
14. OPTION AVAILABLE TO OFFICEHOLD	100	
	nditions since my previous report.	
15. TO BE SIGNED BY REPORTING OFFI	CIAL OR CANDIDATE (must be attested to by w	itness)
	I certify that the information contained in the is true and that it is a complete and accurate that I am required to disclose by the Conflict Act.	ate report of all matters ct of Interest Disclosure
	Signature of Official or Candidate	H- 12 - 04 Date
	I, the undersigned, do hereby witness the was signed in my presence.	above signature which
2004 LPR 12 A110: 16	Color To as	4 10 01
STAIL	Signature of Witness	4-12-04 Date